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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE**

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item A of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item A of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item B of this attachment (see 3. above).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

PAYMENT of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Other	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Medicaid	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Recipients					

Dual	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Eligible	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
(QMB Plus)					

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

PAYMENT OF MEDICARE PART A AND PART B DEDUCTIBLE/COINSURANCE

Dual eligibles (Medicaid and Medicare eligible) who are not Qualified Medicare Beneficiaries: The MA Program will pay on behalf of MA recipients who are not qualified Medicare beneficiaries the full amount of any deductible and coinsurance costs incurred under Parts A and B of Title XVIII of the Social Security Act provided that such costs were incurred for care, services or supplies included in the MA Program.

Qualified Medicare Beneficiaries (QMBs): The MA Program will pay on behalf of MA recipients who are eligible for MA only because they are qualified Medicare beneficiaries the full amount of any deductible and coinsurance costs incurred under Parts A and B of Title XVIII of the Social Security Act regardless of whether such costs were incurred for care, services or supplies otherwise included in the MA Program.

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